

## Instructions for Client

Client's Name \_\_\_\_\_

Date \_\_\_\_\_

Physician's Name \_\_\_\_\_

1. Keep all appointments given to you by clinical staff.  
Several appointments will be necessary to be sure your treatment is working. The treatment of tuberculosis is usually for six or more months. It is very important for you to keep all of the appointments made for you.  
\_\_\_\_\_  
(client's initials)
2. Be sure you take your medicine for the treatment of your tuberculosis as your doctor or other clinic staff tells you. This means you must: keep all appointments at the clinic or other locations that have been discussed with you; take your medication as advised; provide sputum, urine or blood specimen as requested; report changes in your health; report when you move from where you live now and provide information about those with whom you spend a lot of time. \_\_\_\_\_  
(client's initials)
3. Come to the Public Health Department clinic or be at an agreed place and time to take Directly Observed Therapy (DOT). DOT is a way we can be sure that you take all the medication needed to cure your tuberculosis. Taking DOT means that a health care worker will meet you at a scheduled time and place and give you your medication as ordered by the doctor. Location for DOT \_\_\_\_\_ / \_\_\_\_\_  
DOT will give you the best chance to cure your TB. \_\_\_\_\_ (location) \_\_\_\_\_ (client's initials)  
(client's initials)
4. Do not return to work or school until authorized by your physician. \_\_\_\_\_  
(client's initials)
5. Do not allow anyone other than living with you or health department staff into your home until authorized.  
\_\_\_\_\_  
(client's initials)
6. Do not leave your home unless authorized by your clinic physician. \_\_\_\_\_  
(client's initials)
- ☐ You are or may be capable of spreading TB to others and must remain in your home or in a place where you will not expose others to the TB germ. When you take your TB medicines, you may quickly decrease the likelihood of spreading TB to others. Your doctor will decide when this occurs at your follow-up appointments.  
\_\_\_\_\_  
(client's initials) (physician's signature) (date)
- ☐ You may attend school and/or go to work \_\_\_\_\_ / \_\_\_\_\_  
(client's initials) (physician's signature) (date)
7. Special orders \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(client's initials)